



DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS
BUSINESS REGULATION ADMINISTRATION
CORPORATIONS DIVISION
941 NORTH CAPITOL STREET, N.E.
WASHINGTON, D.C. 20002

CERTIFICATE OF CANCELLATION OF LIMITED PARTNERSHIP

1. Name of the Limited Partnership:

2. Date of filing of the certificate of limited partnership:

3. Reason for filing the certificate of cancellation:

_____ Dissolution of the limited partnership; winding up of partnership has commenced.

_____ There are no remaining limited partners.

4. Effective date of cancellation, if not upon filing:

I (we) acknowledge that making a false statement in this certificate is punishable by criminal penalties under section 404 of the District of Columbia Theft and White Collar Crime Act of 1982.

THIS CERTIFICATE MUST BE SIGNED BY ALL GENERAL PARTNERS, OR, IF THERE ARE NO GENERAL PARTNERS, BY A MAJORITY OF THE LIMITED PARTNERS.

_____ The signatures below are of all the general partners.

_____ The signatures below are _____ of a total of _____ limited partners.

Name:

Signature:

Name:

Signature:

Name:

Signature:

Name:

Signature:

(Attach additional signatures and names if necessary.)

FILE IN DUPLICATE WITH ORIGINAL SIGNATURES ON EACH

Department Use Only: Filing Fee: \$70.00 _____ Date Filed: _____ By: _____
LP# _____